

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

03-05-2001 90360 027 ***158.75
 08-14-2001 90012 040 ***550.00

DOCUMENT # P98000002955		(LA)	
1. Entity Name ESSIAC INTERNATIONAL, INC.			
Principal Place of Business 910 S.E. 5TH TERRACE POMPANO BEACH FL 33060		Mailing Address 910 S.E. 5TH TERRACE POMPANO BEACH FL 33060	
2. Principal Place of Business 230 S. Cypress Rd Suite, Apt. #, etc. C		3. Mailing Address P.O. Box 6013 Suite, Apt. #, etc. -	
City & State Pompano Beach FL		City & State Pompano Beach FL	
Zip 33060		Country USA	
4. FEI Number 65-0803993		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAULIN, PIERRE 910 S.E. 5TH TERRACE POMPANO BEACH FL 33060		7. Name and Address of New Registered Agent Name: Gaulin Pierre Street Address (P.O. Box Number is Not Acceptable): P.O. Box 230 S. Cypress Rd, 'C' City: Pompano Beach FL Zip Code: 33060	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE 		DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE D	NAME GAULIN, PIERRE	<input type="checkbox"/> Delete	
STREET ADDRESS 910 S.E. 5TH TERRACE	CITY-ST-ZIP POMPANO BEACH FL 33060		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	CITY-ST-ZIP		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		SIGNATURE REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (5/01)